

VA PERFORMANCE MEASURES DEFINITIONS

▼ Medical Care

Chronic Disease Care Index (CDCI): The index consists of 13 medical interventions assessing how well VA follows nationally recognized guidelines for five high-volume diagnoses: ischemic heart disease, hypertension, chronic obstructive pulmonary disease, diabetes mellitus, and obesity.

Cost per patient: This is the cost to provide health care to a patient during the noted fiscal year. The cost of care per patient is calculated by dividing total allocations, as shown in the Automated Allotment Control System (AACCS), by the total number of unique patients treated.

Medical cost recoveries, Medicare, and other sharing revenues as a percentage of the medical care operating budget: This is a generic description of VA's alternate revenue sources over and above its yearly Congressional budget appropriations. The income is usually some type of fee-for-service payment or third-party payment for care received by veterans covered by a medical insurance policy.

Number of bed days of care per 1,000 unique patients: The fiscal year bed days of care for VA patients treated in designated acute care, inpatient treating specialties at VA or non-VA contract hospitals, divided by the unique patient count.

Number of community-based outpatient clinics (CBOC): This term applies to a VA-operated, funded, or reimbursed health-care facility, which is geographically distinct and separate from a VA medical center. This term does not include hospital-based, mobile, or independent outpatient clinics. A CBOC may provide primary and sub-specialty care, including mental health-care services.

Palliative care index: The percent of acute inpatients admitted with select terminal diagnoses or conditions in the final stages of illness who are receiving ongoing care through VA, who have documentation of an individualized plan for comprehensive, coordinated, end-of-life care services that minimizes physical and psy-

chological suffering and optimizes the patient's quality of life.

Percent of Disaster Emergency Medical Personnel volunteers who are certified as deployment ready: This performance measure refers to a cadre of employees (Disaster Emergency Medical Personnel System, or DEMPS) who volunteer to respond to VA emergencies and to assist in the Federal response to disasters across the United States. The measure is the percent of this employee cadre that is trained and certified as ready for deployment.

Percent of inpatients/outpatients rating VA health-care service as very good or excellent: Reflects results of VA care and service provided to veterans based on their experiences during their most recent hospitalization or visit. A standardized questionnaire and consistent methodology nationwide are used, thereby permitting the analysis of trends over time within VA and comparisons between VA and private-sector benchmarks obtained using the same methodology.

Percent of patients discharged for mental health disorders who receive outpatient care related to mental health within 30 days of discharge: The numerator for this measure is all patient discharges for mental health disorders who received outpatient care related to mental health within 30 days following discharge, and the denominator is all patient discharges for selected mental health disorders.

Percent of patients reporting coordination of care problems: This measure is derived from the annual Ambulatory Care Satisfaction Survey. It reflects a summary score of six different questions that relate to overall coordination of care.

Percent of patients reporting problems on courtesy questions in the annual outpatient customer feedback survey: This measure is derived from a single question from the annual Ambulatory Care Satisfaction Survey.

Percent of patients seen within 20 minutes of scheduled appointment: Service must be delivered in a timely manner in order to result in satisfied customers. VA patients with scheduled appointments expect to be seen within a reasonable time of their appointment. This measure is a percentage of patients reporting being seen in less than 20 minutes. It is derived from the annual ambulatory care satisfaction survey.

Percent of patients who know there is one provider or team in charge of their care: The percent of all ambulatory care patients who answer favorably to having one person or team in charge of their care. This measure reflects the extent to which VA uses primary care, which is the provision of integrated accessible health-care services by clinicians who are accountable for addressing a large majority of personal health-care needs, developing sustained partnerships with patients, and practicing in the context of family and community.

Percent of patients who rate the quality of VA health-care service as equivalent to or better than any other health-care providers: The number of patients responding favorably to a survey comparing veteran satisfaction with VA care benchmarked to non-VA providers.

Percent of patients who use tobacco products: A random sample is drawn from the records of patients seen at least three times in a year at one of eight ambulatory care clinics (broadly defined as Primary Care) in order to assess implementation of the VA-DoD smoking-cessation guideline. From this review, the percent of non-tobacco users is determined. The percent of patients who use tobacco products is the difference between this percent of non-users and 100 percent.

Percent of permanent VHA employees receiving the necessary level of education time and other learning experience time: Represents the percent of VHA employees, not employed on a temporary basis, receiving a minimum of 30 hours of continuing education a year (both traditional and non-traditional). A minimum of 10 hours of the total is in the area of customer service or performance/quality improvement.

Prevention Index (PI): The index consists of nine medical interventions that measure how well VA follows nationally recognized primary prevention and early detection recommendations for eight diseases or health factors that significantly determine health outcomes. These eight are: pneumococcal pneumonia; influenza; tobacco consumption; alcohol consumption; and screening for cancer of the breast, cervix, colon, and prostate.

Unique patients treated: The total number of patients, i.e., the count of unduplicated social security numbers of individuals using health-care services provided by or funded by VA.

▼ Special Emphasis Programs

Cervical cancer screening examination rate: Based on External Peer Review Program chart reviews, VA calculates the proportion of female veterans age 65 and younger (who have not had a hysterectomy) with documentation of a cervical cancer screening in the past three years.

Global Assessment of Functioning (GAF) index: In assessing impairment due to mental illness, the GAF index is used for reporting the clinician's judgment of an individual's overall level of functioning. This information is useful in planning treatment and measuring its impact, and in predicting outcome. The reporting of overall function on the GAF index is done using a 1-100 rating scale defined by descriptions of gradually decreasing intensity of both symptoms and social functioning. The GAF scale is to be rated with respect to only psychological, social, and occupational functioning, excluding impairment in functioning due to physical or environmental limitations.

Mammography examination rate: Based on External Peer Review Program chart reviews, VA calculates the proportion of female veterans age 50-69 who have documentation in their medical records of receiving a mammography examination in the past two years.

Number of community-based beds for homeless veterans: This is the cumulative number of beds that are anticipated to be created as a result of the award of grant funds for transitional housing

through VA's Homeless Provider Grant and Per Diem Program since its inception in FY 1994. The Homeless Provider Grant and Per Diem staff maintain community-based beds for homeless veterans based on the amount of funding that has been awarded. As awardees must develop their individual programs, there is a lag time from the grant award to the beds becoming operational. Grant and Per Diem staff break down the beds into the following categories: operational with per diem, operational without per diem, and non-operational.

Number of patients in the traumatic brain injury program protocol: Traumatic Brain Injury (TBI) lead centers have been jointly established and cooperatively funded by DoD and VA to receive and screen all TBI patients and maintain a registry of TBI patients nationally. The measure indicates the number of patients who have been evaluated and entered into the Defense and Veterans Head Injury Program (DVHIP) protocol per year at each of the three lead TBI centers.

Number of patients participating in the Gulf War Registry Health Examination Program: The number of Gulf War veterans who come to a VA medical facility in order to take part in the special medical examination protocol developed for VA's Gulf War Health Examination Registry.

Percent increase in average difference between intake and closing GAF scores for readjustment counseling patients: Increase the level of functioning for readjustment counseling clients by increasing the average difference between intake and closing GAF scores.

Percent increase from FY 1997 in patients with primary addictive disorders showing improvement in the Addiction Severity Index (ASI) composite score six months after initial ASI assessment: An initial ASI is done on admission of a patient to a specialized addiction treatment program. A six-month follow-up ASI is done to determine their current functioning. Exceptions are those patients lost to follow-up after attempts to locate patients who refuse to complete an initial or follow-up ASI. The central database is then

used to compare the functioning of patients in specialized programs at baseline and the six-month follow-up. The numerator is the ASI drug and alcohol composite scores for patients assessed at follow-up compared to their scores assessed at baseline. The goal is to increase the percent of patients who show improvement at the six-month ASI over the initial ASI.

Percent increase from FY 1997 in share of long-term care patients who are being cared for in a clinically appropriate community setting: These are veterans who are in need of some type of medical care or social service support expressed as the combined average daily census in home-based primary care (HBPC), contract home health, homemaker/home health aide (H/HHA), adult day health care (ADHC) and contract adult day health care (CADHC) programs.

Percent increase from FY 1997 in veterans who acquired independent living arrangements at discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program: The numerator for this measure includes all veterans discharged from DCHV programs or Health Care for Homeless Veterans (HCHV) community-based residential treatment programs directly to independent living in the community. The denominator includes all veterans discharged from DCHV programs or HCHV community-based residential treatment programs. Independent living is defined as residence in one's own apartment, room, or house.

Percent increase from FY 1997 in veterans who obtained employment upon discharge from a DCHV program or a community-based contract residential care program: The numerator for this measure includes all veterans discharged from DCHV programs or HCHV community-based residential treatment programs who obtain full-time employment, part-time employment, or therapeutic work opportunities in Veterans Industries at discharge. The denominator includes all veterans discharged from DCHV programs or HCHV community-based residential treatment programs.

Percent of amputee patients discharged from inpatient rehabilitation units to a community setting: This measure indicates achievement in meeting the rehabilitative needs of amputee patients requiring inpatient medical rehabilitation to return to independent living in the community, i.e., home, board and care, transitional living, and assisted residence.

Percent of diabetic patients identified at risk for foot amputations who will be referred to a foot care specialist: Early identification and appropriate preventive measures are critical to the preservation of “at-risk” limbs in the diabetic population. This measure addresses the success achieved by primary care clinicians in identifying those diabetic patients with foot care problems and referring them to a foot care specialist for further evaluation and preventive care.

Percent of health-care providers or stakeholders who have received primary care education training on former prisoners of war (POW): The former POW program ensures compassionate treatment of veterans by health-care providers who are familiar with their special needs. Training entails information about the presumptive disabilities, their symptoms, and their treatment; the special emotional and personality qualities of individuals who have been held for some time as prisoners of war; and the need to work closely with VBA in assisting with compensation and pension issues. This measure indicates achievement toward primary care providers and stakeholders receiving the training.

Percent of participation in the Community Homelessness Assessment Local Education and Networking Groups (CHALENG) by increasing facility participation in outreach activities: The Homeless Veterans Treatment and Assistance Program addresses the causes and effects of homelessness among veterans by providing direct services such as outreach, case management, residential treatment, therapeutic work opportunities, and assistance with permanent housing for homeless veterans and those at risk for homelessness, as well as by coordinating the provision of care with other Federal, state, and local agencies

and community nonprofit organizations and private entities. This measure indicates achievement toward increasing VA medical centers and outpatient clinics participation in outreach activities with the local community.

Percent of patients reflected on National Blind Rehabilitation Customer Satisfaction survey who are fully or highly satisfied: The Blind Rehabilitation Service improves the quality of life for blind veterans by assisting them to develop the skills and capabilities needed to attain personal independence and emotional stability. The survey is a personal evaluation, subjective in nature, and is the patient’s self-report of satisfaction with the service(s) or care received in the treatment setting.

Percent of prosthetic orders not placed within five workdays: The physically disabled veteran receives quality prosthetic and sensory aid services and properly prescribed prosthetic equipment sensory aids and assistive devices. This measure indicates the achievement of progress toward reducing the number of delayed prosthetic orders, i.e., orders not placed in five workdays, in spite of significant increases in demand.

Percent of spinal cord injury respondents to the National Customer Feedback Center who rate their care as very good or excellent: The Spinal Cord Injury/Dysfunction (SCI/D) program assists veterans with SCI/D to develop the capacities needed to attain personal independence and life-long health and well-being by providing initial functional rehabilitation, preventive care, sustaining care, and long-term care across a continuum of inpatient and outpatient settings. This measure indicates VA’s ability to maintain a viable spinal cord injury system that provides quality health care and receives positive consumer evaluations at a time when this special population is becoming older and more vulnerable.

Percent of traumatic brain injury patients discharged to community setting: The Traumatic Brain Injury (TBI) Network of Care provides case manager, comprehensive, specialized TBI rehabilitation spanning the period from the acute surgi-

cal treatment unit until permanent living arrangements can be made. This measure indicates achievement toward increasing the independent living placement of patients in the TBI program.

▼ Medical Education

Number of specialty resident positions eliminated: This measure indicates achievement of VA's contribution toward a larger national goal of training fewer physicians.

Number of specialty resident positions reallocated to primary care: VA is working toward redirecting educational resources to primary care and realigning the academic training program and updating the curriculum with a greater emphasis on primary care. This measure indicates the achievement toward shifting a greater proportion of specialty resident positions to primary care.

Percent of residents trained in primary care: Measures the percent of medical care residents who are trained in primary care, which demonstrates how VA's mission for education supports its goal of patient care.

▼ Medical Research

Number of career development awardees by research service: The career development program provides clinicians (usually physicians) with a guided research experience early in their research career. At the end of their career development experience, the clinician should be ready to function as an independent clinician-investigator. Each research service provides a count of the number of appointments funded in the past fiscal year and projected in future years.

Number of new partnering opportunities with veterans service organizations, other Federal agencies, nonprofit foundations, or private industry: VA investigators actively compete for funding from other Federal agencies, nonprofit foundations (including veterans service organizations), and private industry. These research funds augment VA's research effort. The number provided indicates the number of such collaborations with different non-VA entities for the past year and projections for future years.

Percent of funded research projects in Designated Research Areas (DRA) relevant to VA's health-care mission:

The percent of the total number of research projects whose subject matter places them in one or more of our DRAs. While all of VA research and development is relevant to veterans and their health, the Research and Development office has designated certain areas of research as being particularly important to study for the benefit of the veteran. The DRAs are: aging, chronic disease, mental illness, substance abuse, sensory loss, trauma-related impairment, health systems, special populations, and military occupational and environmental exposures.

Percent increase in the non-appropriated investment in VA research by successful competition for non-VA research funding:

The percentage is derived by dividing the total non-VA research funding of VA investigators by the total VA and non-VA research funding of VA investigators for the past year. Projections are made for future years.

Percent of career development programs integrated into DRAs:

The percent of the total number of career development projects whose subject matter places them in one or more of our DRAs. While all of VA research and development is relevant to veterans and their health, the Research and Development office has designated certain areas of research as being particularly important to study for the benefit of the veteran. The DRAs are: aging, chronic disease, mental illness, substance abuse, sensory loss, trauma related impairment, health systems, special populations, and military occupational and environmental exposures.

Percent of funded research projects reviewed by appropriate peers and selected through a merit-based competitive process:

The percentage is computed by dividing the number of projects funded after Peer Review by the total number of projects funded. Research's standard operating procedure is to use Peer Review as the basis for all research funding decisions. As a result, virtually all projects are peer-reviewed for scientific merit before being funded.

Percent of goals accomplished and recommendations established by the Research Alignment Advisory Committee or similar independent research advisory committee:

The recommendations of the Research Realignment Advisory Committee (RRAC) have all been satisfied except for the formation of a standing independent research advisory committee. Once the request to form a federally chartered National Research Council is approved, the initial target of 100 percent compliance with the RRAC recommendations will be reached. The next goal will be to satisfy 100 percent of the recommendations of the National Research Council. The percentage is computed by dividing the number of recommendations met by the total number of recommendations.

▼ Compensation and Pension (C&P)

Abandoned call rate: Nationwide, the percentage of call attempts for which the caller gets through, but hangs up before talking to a VA representative.

Average days to process rating-related actions:

Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision. Rating-related actions include the following types of claims: original compensation, original disability pension, original dependency and indemnity compensation, reopened compensation claims, reopened pension claims, routine examinations, and reviews due to hospitalization.

Average days to process non-rating actions:

Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision. Non-rating actions include the following types of claims: original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations.

Blocked call rate: Nationwide, the percentage of call attempts for which callers receive a busy signal because all circuits were in use.

Cost per active compensation case on the rolls:

Nationally, the average cost of each active compensation case on the rolls, using an activity-

based costing system. Only VBA general operating expense (GOE) costs are considered in the calculations at this time.

Cost per compensation claim completed:

Nationally, the average cost of completing a compensation claim, using an activity-based costing system. Only VBA GOE costs are considered in the calculations at this time.

Cost per active pension claim on the rolls:

Nationally, the average cost of each active pension case on the rolls, using an activity-based costing system. Only VBA GOE costs are considered in the calculations at this time.

Cost per pension claim completed:

Nationally, the average cost of completing a pension claim, using an activity-based costing system. Only VBA GOE costs are considered in the calculations at this time.

Fiduciary activities: Nationwide, the percentage of fiduciary initial appointments that require more than 45 days to complete.

National accuracy rate (authorization work):

Nationwide, the percentage of original death pension, dependency issues, income issues, income verification matches, income verification reports, burial and plot allowances, claims for accrued benefits, and special eligibility determinations completed and determined to be technically accurate. The accuracy rate for the Nation will be a compilation of the C&P Service review results for the nine Service Delivery Networks (SDNs).

National accuracy rate for core rating work:

Nationwide, the percentage of original compensation, disability pension, death pension, and DIC claims; reopened compensation and pension claims; and appellate actions completed and determined to be "correct." The accuracy rate for the Nation will be a compilation of the C&P Service review results for the nine SDNs weighted to reflect their relative share of national workload.

Overall satisfaction: This is an index of answers from the annual customer satisfaction survey. The survey assesses the level of satisfaction veterans had with the way their claim was handled by VA.

▼ Education

Administrative cost per beneficiary: An activity-based model will be used to determine the administrative cost, both direct and overhead, divided by the number of beneficiaries served during the year.

Average days to complete education claims: Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision.

Average speed to answer call (in seconds): The average length of time a caller waits before being connected to a telephone agent. This measure depicts how long callers wait, in seconds, before they begin receiving service after they request to speak to an Education Benefits Specialist in one of the regional processing offices.

Compliance survey completion rate: The percentage of compliance surveys completed, compared with the number of surveys scheduled at the beginning of the fiscal year.

Customer satisfaction: Nationally, the percent of respondents to the education customer satisfaction survey who rated their interactions with VA as very satisfied or somewhat satisfactory.

First call resolution rate: Nationally, the percentage of respondents in the education customer satisfaction survey that telephoned and received the information sought during the first call.

Montgomery GI Bill usage rate: The percent of eligible veterans who have ever used their earned benefits.

Payment accuracy rate: Measures how well decisions reflect payment at the proper rate for the correct period of time.

State approving agencies' peer review ratio: The percentage of state approving agencies that receive a satisfactory rating as a result of their annual performance review.

▼ Vocational Rehabilitation and Counseling

Accuracy of decisions: The percent of entitlement determinations completed accurately. Accuracy is determined through case reviews.

Customer satisfaction: The percent of survey respondents satisfied or very satisfied with their interaction with VA. Specific measurement methodology will be developed after the initial VR&C survey is completed.

Employment timeliness in average days: The average number of days taken from the date the veteran begins Employment Services (job ready) to the date the veteran enters suitable employment.

Rehabilitation rate: The percentage of veterans who are rehabilitated and leave the program, compared to the total number leaving the program (rehabilitated and for other reasons).

Speed of entitlement decisions: Average number of days from the time the application is received until the veteran is notified of the entitlement determination.

▼ Housing

Average days to issue certificates of reasonable value: The average number of days for VA to issue value determinations on properties to be purchased with a guaranteed loan.

Cost per default: The average administrative costs of all defaults processed.

Cost per loan guaranty issued: Administrative unit cost for each guaranty issued, including direct labor, indirect labor, and non-payroll costs.

Cost per property sold: Administrative costs, including indirect labor and non-payroll costs, incurred by the Department in selling properties acquired through foreclosure.

Foreclosure avoidance through servicing (FATS) ratio: Measures the effectiveness of VA supplemental servicing of defaulted guaranteed loans. The ratio measures the extent to which foreclosures would have been greater had VA not pursued alternatives to foreclosure.

Loan guaranties issued: The number of guaranteed loans closed.

Return on investment: The national average on the return on investment (percentage) on properties sold that were acquired due to defaults on a VA-guaranteed loan. It is the amount received for the property (selling price) divided by the acquisition cost and all subsequent expenditures for improvements, operating, management, and sales expenses.

▼ Insurance

Average days to process insurance disbursements: The weighted composite average processing days for all disbursements, including death claims and applications for policy loans and cash surrenders.

Average hold time in seconds: The average length of time (in seconds) that a caller waits before being connected to an insurance representative for the toll-free service number for insurance.

Cost per death award: The average cost of processing a death claim, including appropriate support costs.

Cumulative number of computer-based training modules completed: The number of insurance training modules computerized.

Employee satisfaction: The Insurance Service uses the national One VA Survey for the purpose of measuring employee satisfaction. The survey, consisting of 100 questions, uses a 5-point scale to measure satisfaction. We include the top three categories as the favorable measure.

High customer ratings: The percent of insurance customers who rate different aspects of insurance services in the highest two categories based on a 5-point scale, based on the insurance customer survey.

Low customer ratings: The percent of insurance customers who rate different aspects of insurance services in the lowest two categories based on a 5-point scale, based on the insurance customer survey.

Maintenance cost per policy: The average cost of maintaining an insurance policy, including all appropriate support costs.

Percent of insurance disbursements paid accurately: The weighted composite accuracy rate for all disbursements, including death claims, policy loans, and cash surrenders.

Percentage of blocked calls: The percentage of call attempts for which callers receive a busy signal because all circuits were in use for the insurance toll-free service number.

▼ Burial

Cumulative number of national cemeteries with kiosks installed: The total number of national cemeteries providing automated gravesite locator information through a kiosk. These kiosks also provide information regarding NCA services such as eligibility requirements, headstone and marker ordering information, customer service standards, and floral regulations.

Developed acres maintained: The number of cemetery acres that have been developed into burial areas, and other acres that are no longer in a natural state and require maintenance.

Interments performed:

- ☐ **Full casket**—Type of interment in which the remains of the deceased have been prepared for burial and placed within a casket.
- ☐ **In-ground cremain**—Type of interment in which the cremated remains of the deceased are buried.
- ☐ **Columbaria niche**—Type of interment in which the cremated remains of the deceased are sealed in a small compartment within a columbarium.

Number of existing national cemeteries expanded: The number of existing national cemeteries at which construction to make additional gravesites or columbaria available has been completed.

Number of graves maintained: The number of in-ground gravesites (casket and cremain) and the number of columbaria niches that must be maintained.

Number of headstones and markers ordered: The number of headstones and markers ordered for placement in national, state, other public and private cemeteries.

Number of national cemeteries acquiring land: The number of existing national cemeteries that have acquired additional land needed to continue providing service.

Number of new national cemeteries: The number of new national cemeteries which were dedicated or at which operations began during the fiscal year.

Percent of headstones and markers that are undamaged and correctly inscribed: This percentage represents the number of headstones and markers that are undamaged and correctly inscribed divided by the number of headstones and markers ordered.

Percent of individual headstone and marker orders transmitted electronically to contractors: The percent of individual headstone and marker orders that were transmitted to contractors using communication software or Internet e-mail.

Percent of monuments ordered on-line by state veterans cemeteries using AMAS-R: The percentage represents the number of headstones and markers ordered by state veterans cemeteries through AMAS-R, divided by the total number of headstones and markers ordered by state veterans cemeteries.

Percent of requests for interment taken on weekends that result in a service scheduled for the ensuing week: This percentage represents the number of burial requests received on weekends that are accommodated by scheduling the interment for a specific time during the ensuing week, divided by the total number of burial requests received on weekends.

Percent of survey respondents who rate cemetery appearance as excellent: NCA periodically surveys the families of individuals who are interred in national cemeteries and other visitors to judge how the public perceives the appearance of the cemeteries.

Percent of survey respondents who rate the quality of service provided by the national cemeteries as excellent: NCA periodically surveys the families of individuals who are interred in national cemeteries and other visitors to judge how the public perceives the quality of service provided.

Percent of veteran population served by the existence of a burial option within a reasonable distance of place of residence: Burial option includes national cemeteries or state veterans cemeteries with space for first interments, whether full-casket or cremain or both, either in-ground or in columbaria. Reasonable distance means, in most cases, 75 miles; however, for certain sites where historical data exist to demonstrate substantial usage from a greater distance, reasonable distance is defined as that greater distance.

▼ Board of Veterans' Appeals (BVA)

Appeals decided per FTE: A basic measure of efficiency determined by dividing the number of appeals decided by the number of BVA full-time equivalent staff.

Appeals resolution time (in days): The average length of time it takes the Department to process an appeal from the date a claimant files a Notice of Disagreement until a case is resolved, including resolution at a regional office or a final decision by the Board.

BVA elapsed processing time (in days): The average length of time it takes the Board to process an appeal from the date it is received at the Board until a decision is entered.

BVA response time (in days): A future-oriented timeliness indicator that, based upon BVA's appellate processing rate of the immediately preceding one year time frame, projects the time it will take BVA to decide a new appeal added to its docket.

Cost per appeals case: A unit decision cost derived by dividing BVA's total obligational authority by the number of decisions produced.

Percent of decisions containing quality deficiencies: This goal is based on a random sampling of approximately 5 percent of Board decisions. Decisions are checked for deficiencies in the following categories: identification of issues, findings of fact, conclusions of law, reasons and bases/rationale for preliminary orders, due process and format.

▼ Departmental Management

Number of contract disputes electing ADR: The number of contract dispute matters electing the use of Alternate Dispute Resolution (ADR) techniques to resolve disputes. ADR techniques refer generally to several formal and informal processes for resolving disputes that do not entail bringing the dispute to closure in courtroom litigation.

Number of national standardized contracts for medical and other related products and services: National standardized contracts for medical and other related products and services support the VA policy to standardize to the maximum extent possible the types of supplies and equipment purchased, being consistent with clinical and practitioner needs. These national standardized contracts are for families of items that facilitate best-value product pricing through volume purchasing, and facilitate the delivery of high-quality health care. The number of these contracts is an indicator of our success in the ongoing standardization process.

Percent increase in purchases made using EDI from FY 1997 baseline: The increase in the number of line items ordered through Electronic Data Interchange (EDI) by fiscal year.

Program evaluation: An assessment, through objective measurement and systematic analysis, of the manner and extent to which Federal programs achieve intended outcomes.

▼ Office of Inspector General

Indictments, convictions and administrative sanctions: The results of criminal and administrative investigations conducted in response to allegations or proactive initiatives.

Reports issued: Documents that reflect independent and objective assessments of key operations and programs at VA facilities nationwide, which include recommendations for corrective action, cost savings, and/or programmatic improvement of the activities under review to better serve veterans and their families.

Value of monetary benefits from IG audits: A quantification of funds that could be used more efficiently if management took actions to complete recommendations pertaining to deobligation of funds, costs not incurred by implementing recommended improvements, and other savings identified in audit reports.

Value of monetary benefits from IG contract reviews: The sum of the questioned and unsupported costs identified in pre-award contract reviews which the OIG recommends be disallowed in negotiations unless additional evidence supporting the costs is provided.

Value of monetary benefits from IG investigations: Includes court fines, penalties, restitution, and civil judgments, and investigative recoveries and savings.

LIST OF ABBREVIATIONS AND ACRONYMS

AAC	Austin Automation Center
AACS	Automated Allotment Control System
ACSI	American Customer Satisfaction Index
ADHC	Adult Day Health Care
ADP	Automated Data Processing
ADR	Alternate Dispute Resolution
AFC	Austin Finance Center
AMAS-R	Automated Monument Application System - Redesign
ARC	Automated Resources Center
ARS	Automated Response System
ASI	Addiction Severity Index
AVAPS	Automated Voucher Audit and Payment System
BOSS	Burial Operations Support Systems
BVA	Board of Veterans' Appeals
C&P	Compensation and Pension
CADHC	Contract Adult Day Health Care
CBOC	Community-Based Outpatient Clinics
CDCI	Chronic Disease Care Index
CFR	Code of Federal Regulations
CHALENG	Community Homelessness Assessment Local Education and Networking Groups
COLAs	Cost-of-Living Adjustments
CPS	Current Population Survey
CSO Table	Commissioner's Standard Ordinary Table (A mortality table used in life insurance that mathematically predicts the likelihood of death.)
CSRS	Civil Service Retirement System
CT	Computed-emission Tomography
CWT	Compensated Work Therapy
DCHV	Domiciliary Care for Homeless Veterans
DCIA	Debt Collection Improvement Act
DEMPS	Disaster Emergency Medical Personnel System
DIC	Dependency and Indemnity Compensation
DMC	Debt Management Center
DoD	Department of Defense
DPC	Data Processing Center
DRA	Designated Research Area
DVHIP	Defense and Veterans Head Injury Program
EDI/EFT	Electronic Data Interchange/Electronic Funds Transfer
EPRP	External Peer Review Program
FASB	Financial Accounting Standards Board
FATS	Foreclosure Avoidance Through Servicing
FECA	Federal Employees' Compensation Act
FEGLI	Federal Employees' Group Life Insurance Program
FEHB	Federal Employees' Health Benefits Program
FERS	Federal Employees' Retirement System
FMFIA	Federal Managers' Financial Integrity Act

FMS	Financial Management System
FOIA	Freedom of Information Act
FSC	Financial Services Center
FTE	Full-Time Equivalent
FY	Fiscal Year
GAF	Global Assessment of Functioning
GAO	General Accounting Office
GI	General Issue (common term for veteran)
GOE	General Operating Expenses
GPRA	Government Performance and Results Act
H/HHA	Homemaker/Home Health Aid
HBPC	Home-Based Primary Care
HCHV	Health Care for Homeless Veterans
HDL	High Density Lipoprotein
HHS	Health and Human Services
HR LINK\$	VA's Integrated Human Resources and Payroll System
HSR&D	Health Services Research and Development
IG/OIG	(Office of) Inspector General
LETC	VA Law Enforcement Training Center
MCCF	Medical Care Collections Fund
MGIB	Montgomery GI Bill
MCVPC	Minority Veterans Program Coordinators
N-ARS	National Automated Response System
NCA	National Cemetery Administration
NCQA	National Committee for Quality Assurance
NIH	National Institutes of Health
NPR	National Partnership for Reinventing Government
NPRC	National Personnel Records Center
NSLI	National Service Life Insurance
OA&MM	Office of Acquisition and Materiel Management
OGA	Other Government Agencies
OMB	Office of Management and Budget
OPM	Office of Personnel Management
ORM	Office of Resolution Management
OS&LE	Office of Security and Law Enforcement
P&F Schedule	Program and Financing Schedule for the President's Budget
PAID	Personnel Accounting Integrated Data
PI	Prevention Index
PL	Public Law
POW	Prisoners of War
PP&E	Property, Plant & Equipment
R&D	Research and Development
RDIS	Research and Development Information Systems
REPS	Restored Entitlement Program for Survivors
RRAC	Research Realignment Advisory Committee
RSSI	Required Supplemental Stewardship Information
S&I	Securities and Investigations
SCGP	State Cemetery Grants Program

SCI	Spinal Cord Injury
SDN	Service Delivery Network
S-DVI	Service-Disabled Veterans Insurance
SF-133	Standard Form 133, Report on Budget Execution
SFFAS	Statement of Federal Financial Accounting Standards
SGL	Standard General Ledger
SGLI	Servicemembers Group Life Insurance
SSC	Shared Service Center
STAR	Systemic Technical Accuracy Review
TBI	Traumatic Brain Injury
TIMS	The Imaging Management System
TMC	Travel Management Center
TPSS	Training and Performance Support System
TRICARE	DoD Managed Care Support Contract
TRIP	Training, Responsibilities, Involvement, and Preparation
U.S.C.	United States Code
USGLI	United States Government Life Insurance
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VEAP	Veterans Educational Assistance Program
VERA	Veterans Equitable Resource Allocation
VETSNET	Veterans Service Network
VGLI	Veterans Group Life Insurance
VHA	Veterans Health Administration
VI	Veterans Industry
VI&I	Veterans Insurance and Indemnities
Vinnie Mac	VA Loan Sales Program
VISN	Veterans Integrated Service Network
VMLI	Veterans Mortgage Life Insurance
VR&C	Vocational Rehabilitation and Counseling
VRI	Veterans Reopened Insurance
VSLI	Veterans Special Life Insurance